



Speech-Language Pathology and Audiology Board

1422 HOWE AVENUE, SUITE 3, SACRAMENTO, CA 95825
TELEPHONE: (916) 263-2666/ FAX: (916) 263-2668



NOTIFICATION OF NAME CHANGE AND APPLICATION FOR REPLACEMENT DOCUMENT

SECTION I: NAME CHANGE AFFIDAVIT

The Speech-Language Pathology and Audiology Board may recognize a name change by a licensee if that name is now their legal name for all purposes and if the change is not made for fraudulent purposes and is not misleading to the public. Please complete Part A and Section II if you would like new certificates.

PART A

I, _____ SSN _____, hereby certify that I am currently a licensee of the Speech-Language Pathology and Audiology Board and am holder of license number _____ issued under the name of _____ and that I have now assumed the name of _____.

Submit a copy/copies of the following appropriate documents, where applicable, along with this form, to the above address:

- Marriage Certificate
- Endorsed Copy of Judgement of Marital Dissolution or Legal Separation
- Endorsed Copy of Court Order

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date

FOR OFFICE USE ONLY: Date Changed: _____ By: _____

SECTION II: APPLICATION FOR REPLACEMENT DOCUMENT

You may apply for a replacement document which will reflect your new name by completing the section below and returning it with the required document and fee.

Original wall license and/or renewal license and fee must be returned with this application.

(FEE: \$25 per document)

- Request the replacement of original wall license
- Request the replacement of renewal pocket license

Please provide your current address of record: _____
